FORM 3 OUTCOME OF REQUEST AND OF FEES PAYABLE

[Regulation 8.]

Note:						
1.	If your request is granted the-					
	(a)	amount of the deposit, (if any), is payable before your request is processed; and				
	(b) requested record/portion of the record will only be released once proof of full payment is received.					
2.	Please	ase use the reference number hereunder in all future correspondence.				
		Reference number:				
TO:	***************************************					
	4.00.000					
		103344473433393441333333333333433434344				
Your r	equest	dated, refers.				

1. You requested:

Personal inspection of information at registered address of public/private body (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form) is free of charge. You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you will be liable for the fees prescribed in Annexure B.

OR

2. You requested:

Printed copies of the information (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)

Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)

Transcription of soundtrack (written or printed document)

Copy of information on flash drive (including virtual images and soundtracks)

Copy of information on compact disc drive (including virtual images and soundtracks)

Copy of record saved on cloud storage server

3. To be submitted:

Postal services to postal address

Postal services to street address Courier service to street address

Facsimile of information in written or printed format (including transcriptions)

E-mail of information (including soundtracks if possible)

Cloud share/file transfer

Preferred language:

(Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available)

Kindly note that your request has been:

Approved

Denied, for the following reasons:

4. Fees payable with regards to your request:									
	Item		Cost per A4- size page or part thereof/item	Number of pages/items	Total				
Pho	Photocopy								
Prin	ted copy	-							
For on:	a copy in a computer-readable	form							
(i)	Flash drive								
	. To be provided by requ	uestor	R40.00						
(ii)	Compact disc								
	. If provided by requeste	or	R40.00						
	. If provided to the requ	estor	R60.00						
For a transcription of visual images per A4-size page Copy of visual images			Service to be outsourced. Will depend on the quotation of the service provider						
Transcription of an audio record, per A4-size			R24.00						
Copy	of an audio record								
(i)	Flash drive								
	. To be provided by requ	uestor	R40.00						
(ii)	Compact disc								
	. If provided by requesto		R40.00						
_	. If provided to the reque		R60.00						
Postage, e-mail or any other electronic transfer:			Actual costs						
TOT. 5.									
	Deposit payable (if search es	excee							
1	es		No						
search (calcul		nt of deposit lated on one third of quest)	total amount						
The amount must be paid into the following Bank account: Name of Bank:									
Name of account holder:			D Q U Q Q G G E G S C C C C C C C C C C C C C C C C C C						
Type of account:				# C					
Account number:									
				***************	n				
				2 2 2 3 6 2 3 5 2 3 6 0 0 0 0 0 2 3 5 0 5 2 3 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	* 4 3 5 6 6 6 6 6 6 8 8 8 8 8 8 8 8 8 8 8 8 8				
Submit proof of payment to:									
Signed at day of 20									

Information officer